10/31/2009 21:09 Image# 29993304711

## **STATEMENT OF**

FORM 1	ORGANIZ (See instru			Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, tyover the lines	ype 12FE4M5	
Moγing Ameri	ca Forward			
ADDRESS (number and	street) 500 Red Sail Way			
(Check if address is changed)				
	Satellite Beach			32937   -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e e-mail address)		
(Check if address is changed)	geogagnon@cfl.rı	com		
COMMITTEE'S WEB  (Check if addres is changed)	PAGE ADDRESS (URL)			
2. DATE 10				
3. FEC IDENTIFICA	TION NUMBER	C C00375451		
4. IS THIS STATEM	IENT NEW (N) OF	X AMENDED	) (A)	
I certify that I have exam  Type or Print Name of	ned this Statement and to the best of my  Treasurer Jennifer G Mi	-	correct and complete	
Signature of Treasurer	Electronically Filed by <b>Jennife</b>	r G Mitchell	Date 10	<b>31</b> / <b>2009</b>
NOTE: Submission of fa	lse, erroneous, or incomplete information ANY CHANGE IN INFORI	may subject the person signing	·	
Office Use Only		For further infor Federal Election Toll Free 800-42-	4-9530	FEC FORM 1 (Revised 02/2009)